

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL096014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 08/19/2015
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

BROOKDALE BERKLEY BOULEVARD

**1900 N BERKLEY BLVD
GOLDSBORO, NC 27534**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments Report of a Construction Biennial Survey by Ed Miller on August 19, 2015. Records indicate that this Facility was first licensed or submitted for licensure on or about June 11, 1997 for Sixty (60) Beds. Based on the above information, the facility is required to meet the 1996 Rules for the Licensing of Adult Care Homes (Homes for the Aged and Family Care Homes); the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds; and the 1996 North Carolina State Building Code Section 409.1- Group I. Physical plant deficiencies were noted which require a plan of correction.	C 000	<p>CONSTRUCTION SECTION</p> <p>SEP 22 2015</p> <p>RECEIVED</p>	
C 101	Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation, 701 Barbour Drive, Raleigh, North Carolina, 27603 at no cost;	C 101		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

0000

4WEW21

If continuation sheet 1 of 13

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C 101	Continued From page 1 This Rule is not met as evidenced by: 1. Based on observation, the Building failed to meet NC State Building Code at the time of initial Licensing by not having all the required components of a properly operational delayed egress locking system. This could affect all residents, staff and visitors by potentially delaying exiting in an emergency for more than an acceptable time. Findings on August 19, 2015: a. The front door has delayed egress locking, which requires a readily visible sign near the release device which reads: "PUSH UNTIL ALARM SOUNDS. DOOR CAN BE OPENED IN 15 SECONDS". 2. Based on observation, the Building failed to meet NC State Building Code at the time of initial Licensing by not having all the required components of a properly operating HVAC system that penetrates one-hour fire-resistance-rated construction. This could affect all residents, staff and visitors if in the event of a fire there were no fire dampers to contain the fire/smoke in the room or compartment of origin. Findings on August 19, 2015: a. There was no ceiling radiation damper installed in the Maintenance Closet.	C 101 9/15	Simplex Gainell Has Fixed the problem	9/15
C 133	Bathrooms-Hand Grips SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (6) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents;	C 133		

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C 133	Continued From page 2 This Rule is not met as evidenced by: 1. Based on observation, the facility failed to ensure that commodes, tubs and showers are equipped with stable hand grips. This deficiency affects all residents who use these unstable fixtures by not providing increased safety, controlled against instability/balance, and maneuverability at the fixtures. Findings on August 19, 2015: a. There were loose hand grips (grab bar) at the commodes, and tubs at the following locations to include but not limited to: i. Spa tub, ii. Public Restroom commode.	C 133 9/29	Brandon will tighten the Grab bars at the locations that are listed.		
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to prevent chronic unpleasant odors. This would affect all residents, staff and visitors by exposing them to unpleasant environment. Findings on August 19, 2015: a. Bedroom 107 had a strong urine odor that persisted during the Construction Survey.	C 164 9/26	will have Carpet shampooed and retested by MCD.		

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C 166	Continued From page 3	C 166		
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to provide an environment in accordance with this Rule, by not maintaining the HVAC/ventilation, grilles and their associated dampers free of hazards. This could affect all residents, staff and visitors if in the event of a fire the dampers do not close completely to contain the fire within the room of origin. Findings on August 19, 2015: a. The large return HVAC grille and its radiation damper in the corridor outside Bedroom 803 had an excessive accumulation of dust/lint. b. In Mech. Room 409, HVAC Unit 6 had both supply and return fire dampers closed. c. In the Commode Room of the Spa, the Ventilation grille and its radiation damper had an excessive accumulation of dust/lint.	C 166 10/19 11/19 12/19	Will have Jackson and sons come out to Review the dampers.	
C 183	Fire Extinguishers SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0308 FIRE EXTINGUISHERS (a) At least one five pound or larger (net charge) A-B-C type fire extinguisher is required for each 2,500 square feet of floor area or fraction thereof. (b) One five pound or larger (net charge) A-B-C	C 183		

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C 183	Continued From page 4 or CO/2 type is required in the kitchen and, where applicable, in the maintenance shop. This Rule is not met as evidenced by: 1. Based on observation, the facility failed to provide and/or maintain the fire extinguishers and associated equipment. This would affect all residents, staff and visitors by not having emergency equipment in proper working order. Findings on August 19, 2015: a. Through-out the building, including the "K" extinguisher in the kitchen, there was no documentation of the portable fire extinguisher's monthly inspections on the annual maintenance tags.	C 183	9/22 MOD to complete and document	
C 188	Electrical Outlets in Wet Locations SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0310 ELECTRICAL OUTLETS All adult care home electrical outlets in wet locations at sinks, bathrooms and outside of building shall have ground fault interrupters. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to maintain in a safe manner, the electrical power receptacles in wet areas. This would affect all residents, staff and visitors by not providing ground fault protection to these devices. Findings on August 19, 2015: a. In the Beauty Shop, an electrical power receptacle was within six feet of the shampoo bowl and did not provide ground fault protection.	C 188	10/15 MOD to make sure the problem is fixed and that the appropriate feet are correct.	
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT	C 189		

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C 189	<p>Continued From page 5</p> <p>10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition.</p> <p>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation, the Building was not maintained in a safe and operating condition by not having a properly operational delayed egress locking system. This could affect all residents, staff and visitors by potentially delaying or even stopping exiting in an emergency.</p> <p>Findings on August 19, 2015:</p> <p>a. The front door's delayed egress lock, did not initiate the irreversible process to unlock within 15 seconds, when the release device was depressed.</p> <p>b. The delayed egress locks on the following exit doors, did not unlock automatically upon actuation of the fire alarm system.</p> <p>i. Front Door Exit</p> <p>ii. Exit near Beauty Shop</p> <p>iii. Exit Near Bedroom 804</p> <p>2. Based on observation, the Building was not maintained in a safe and operating condition, because the fire protection equipment was not maintained. This would affect all residents, staff and visitors by not detecting smoke and activating the fire alarm.</p> <p>Findings on August 19, 2015:</p> <p>a. The fire alarm system's heat detector in Mech. Room 403 was dangling from the ceiling by its power/operational wires.</p>	C 189	<p>9/13 Simplex Gemell completed the task to unlock 15 seconds</p> <p>10/15 call simplex to check all equipment</p>	9/13

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C 189	Continued From page 7 vii. Kitchen, viii. Exterior fixture near Service Hall, ix. Mech Room 018, x. Corridor near Public Toilets. 5. Based on observation, the Building was not maintained in a safe and operating condition, by not maintaining the fire and smoke resistance of doors the NC State Building Code defines as "Hazardous Area". This could affect all residents, staff and visitors if smoke/fire is not contained in Room or fire compartment of origin. Findings on August 19, 2015: a. The Laundry door did not latch 6. Based on observation, the Building was not maintained in a safe and operating condition, because the door(s) protecting the opening in the rated construction did not close completely and latch to restrict fire/smoke. This could affect all residents, staff and visitors by not containing the smoke to the fire compartment of origin. Findings on August 19, 2015: a. The back leaf, of the double-egress cross-corridor doors near Mech. Room 403, did not have a top strike or floor strike and could not latch into the doorframe when the fire alarm system released the doors. b. The cross-corridor double-doors near the Bio Hazard Room was equipped a door coordinator was out of adjustment so the doors cannot close and latch properly 7. Based on observations, the Building was not maintained in a safe and operating condition, because breaches through the fire-resistance-rated construction invalidated its integrity. This could affect all residents, staff and visitors if smoke/fire is not contained in Room or compartment of origin. Findings on August 19, 2015:	C 189 10/15 10/15	MOD TO make sure doors latch MOD Fix Latches	

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C 189	<p>Continued From page 8</p> <p>a. A cable was not properly firestopped as it penetrated the one-hour fire-resistance-rated ceiling assembly, beside a ¾ inch EMT conduit in the Health & Wellness Director's Office.</p> <p>b. In Mech. Room across from Bedroom 805, panel A1 had a 2 inch conduit that was not properly sealed as it penetrated the one-hour fire-resistance-rated ceiling assembly.</p> <p>c. In Mech. Room 403, there was a hole not sealed in the one-hour fire-resistance-rated ceiling assembly behind the conduit for the electrical panel.</p> <p>d. In the following area cables were not properly firestopped as they penetrated the one-hour fire-resistance-rated ceiling assembly.</p> <p>i. Therapy,</p> <p>ii. Life enrichment Coordinator's Office,</p> <p>e. In Mech. Room 018, there were several open-ended sleeves in the one-hour fire-resistance-rated ceiling that where not sealed, potentially allowing fire/smoke into the attic.</p> <p>f. In Mech. Room 018, there was with a cable bundle in the one-hour fire-resistance-rated ceiling that where not sealed, potentially allowing fire/smoke into the attic.</p> <p>g. In Mech. Room 018, the one-hour fire-resistance-rated ceiling had deteriorated and has begun detaching from the structure.</p> <p>8. Based on observation, the Building was not maintained in a safe and operating condition, because the corridor doors did not resist the passage of smoke due to the doors not positively/automatically latching into their frame under normal closing force. This could affect all residents, staff and visitors if the doors were not latched and did not contain smoke/fire in the room of origin.</p> <p>Findings on August 19, 2015:</p>	<p>C 189</p> <p>10/15</p> <p>10/15</p>	<p>MOD Make sure cables are fire stopped.</p> <p>MOD to make sure Room is within Code</p>	

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C 189	<p>Continued From page 9</p> <p>a. Corridor door to Mech. Room 403 did not latch to the doorframe,</p> <p>9. Based on observation, the Building was not maintained in a safe and operating condition, because the electrical power system was not being operated or maintained safely. This would affect all staff, by allowing unsafe conditions to persist. Findings on August 19, 2015: a. The Sales and Marketing Manager's Office was using an extension cord to power office equipment. Extension cords cannot substitute for permanent wiring.</p> <p>10. Based on observation, the Building was not maintained in a safe and operating condition, because the fire sprinkler escutcheon plates were impaired, exposing openings through the ceiling that could allow the passage of smoke and heat. This would affect all residents, staff and visitors, if the fire suppression system does not operate in a timely manner and cannot contained fire in the Room of origin. Findings on August 19, 2015: a. The fire sprinkler escutcheon plate had dropped down from the ceiling. Locations of specific examples include but are not limited to: i. Bedroom "B" wing. b. The fire sprinkler escutcheon plate did not cover the complete hole through the ceiling. Locations of specific examples include but are not limited to: i. Bedroom 707 near corridor door. c. The fire sprinkler escutcheon plate was missing. Locations of specific examples include but are not limited to: i. Front Corridor of "B" wing.</p> <p>11. Based on Observation, the Building was not</p>	<p>C 189</p> <p>10/22</p> <p>10/22</p>	<p>MOD will Remove Extension Cord</p> <p>MOD will fix the areas where there are holes pertaining to the fire sprinklers</p>		

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C 189	<p>Continued From page 10</p> <p>maintained in a safe and operating condition, because some corridor doors were held open by devices that do not release with a push or pull of the door, preventing the doors from being closed and latched rapidly. This could affect all residents, staff and visitors by not containing smoke and fire in the room of origin.</p> <p>Findings on August 19, 2015:</p> <p>a. Corridor door to the Bedroom 801 was blocked open with a gnome,</p> <p>b. Corridor door to Housekeeping across from Bedroom 409 had a mechanical kick-down holding the door open,</p> <p>a. Corridor doors at the following locations had wedges holding the doors open, Locations of specific examples include but are not limited to:</p> <p>i. Bedroom 803,</p> <p>ii. Employee Lounge,</p> <p>iii. Dining Room to Service Corridor,</p> <p>iv. Bedroom 107.</p> <p>c. Corridor door to the Bedroom 407 was blocked open with a chair,</p> <p>d. Corridor door to the Beauty Shop was blocked open with a cabinet.</p> <p>12. Based on observation, all of the nurse call system was not maintained in a safe manner.</p> <p>Findings on August 19, 2015:</p> <p>a. The nurse call pull switch was falling out of the wall in the Bathroom of Bedroom 707.</p> <p>13. Based on observation, the building was not maintained in accordance with NC Building Code by not allowing the possibility of escape from rooms in the event of an emergency as required by the 2005 North Carolina Rules for Adult Care Homes of Seven or More Beds, Rule 10A NCAC 13F .0306(a)(5). This would affect all residents, staff and visitors by allowing the possibility that someone could be locked in a room without the</p>	<p>C 189</p> <p>10/15</p> <p>10/06</p>	<p>Mod will make sure door stops are removed or wedged.</p> <p>Mod make sure Nurse Call is working</p>	

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C 189	Continued From page 11 means of escape during an emergency. Findings on August 19, 2015: a. The Pantry door was locked from the kitchen side with a hasp device and padlock,	C 189		
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on Observation and testing the facility failed to maintain the ventilation system in proper working order. This could affect all residents, staff and visitors by subjecting them to odors. Findings on August 19, 2015: a. The exhaust ventilation was running but did not remove the required amount of air. Locations of specific examples include but are not limited to: i. Bedroom 707, ii. Bedroom 205, iii. Bedroom 302, iv. Bedroom 102,	C 199 10/15	MOD will make sure Ventilation is at the proper Rate..	
		10/18	MOD to Exam and Fix the Exhaust fans.	

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C 199	Continued From page 12 v. Public Restroom near Nurse Station	C 199		

1. Corrective action must begin immediately.
2. Any completion date greater than 60 days from date of survey requires a written waiver from DHSR-Construction Section.

Please type or print clearly your correction action on the enclosed Statement of Deficiencies. You will need to SIGN, DATE AND RETURN the Plan of Correction to DHSR-Construction by September 21, 2015. Failure to return the signed Plan of Correction within this time period could jeopardize the status of your license. The PROVIDER may copy form(s) to be retained for your files.

To expedite this process, please fax your plan of correction to this office at 919-733-6592.

Prior to making any changes to your facility you will need to verify with the local Building Official whether or not a permit is needed to make the changes on the enclosed Statement of Deficiencies. The North Carolina State Building Code requires that "No person, firm or corporation shall erect, construct, enlarge, install, alter, repair, move, improve, convert or demolish any building, structure, or service system without first obtaining a permit for such from the Inspection Department having jurisdiction".

Please do not hesitate to call us if you have questions concerning the deficiencies or if we can be of other assistance.

Sincerely,

Ed Miller
Architect
DHSR - Construction Section

cc: Adult Care Licensure Section-with attachment
City Building Inspection Department - with attachment
Wayne County DSS - with attachment